



# Backflow Prevention Device Testing, Maintenance & Inspection Report

*Cross Connection Control Certificate*  
*To be Completed By A Certified Backflow Tester*

Address of Device:

Owner / Manager:

Telephone:

Mailing Address:

Contact Person:

Make & Model:

Size

Serial #:

Location of Device:

Type of Backflow Device (Circle One)      →      RPZ      DGDCV

OPERATIONAL TEST

CHECK VALVE

1.

CHECK VALVE

2.

GATE VALVE

2.

LEAKED

CLOSED TIGHT

LEAKED

CLOSED TIGHT

LEAKED

CLOSED TIGHT

RECORD DIFF PSI

RECORD DIFF PSI

RECORD DIFF PSI RELIEF VALVE  
OPEN AT

OPERATIONAL TEST AFTER REPAIR

CHECK VALVE

1.

CHECK VALVE

2.

GATE VALVE

2.

LEAKED

CLOSED TIGHT

LEAKED

CLOSED TIGHT

LEAKED

CLOSED TIGHT

RECORD DIFF PSI

RECORD DIFF PSI

RECORD DIFF PSI RELIEF VALVE  
OPEN AT

Repair Date:

Repair Remarks:

Tested By:

Company:

Signature:

Certificate #:

Business Tel #:

Date:

OFFICIAL USE (DO NOT WRITE BELOW THIS LINE)

\_\_\_\_\_ Utility Compliance Officer      \_\_\_\_\_ Date